MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-088753

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			1				
2		2					52			1				
3		2					53							
4	1						54			1				
5		①					55							
6		①					56							
7		①					57							
8		①					58		1					
9		①					59		1					
10		①					60							
11		①					61							
12		①					62							
13		①					63							
14	1						64							
15		1					65							
16	1						66							
17		2					67							
18		①					68							
19		①					69							
20		①					70							
21		①					71							
22		①					72							
23		①					73							
24		①					74							
25	1						75							
26	1						76							
27	1						77							
28	1						78							
29		1					79							
30	1						80							
31	1						81							
32	1						82							
33	1						83							
34			1				84							
35				1			85							
36				1			86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46				1			96							
47			1				97							
48							98							
49				1			99							
50				1			100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.				4 12				
TOTAL CLAIMS							TOTAL CLAIMS				26				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS